Centre (TSRCC) and two community teaching hospitals - the Toronto East General Hospital (TEGH) and The Scarborough Hospital (TSH).

Methods: TSRCC does not have oncological thoracic surgeons on site and many of its thoracic oncology patients receive their surgery at TEGH and TSH. Colleagues from these three institutions convened to consolidate their services along patient-centered lines and to improve access to the specialist lung oncology team. The redesigned service is being assessed and continues to be improved.

Results: A multi-institution (MI), multidisciplinary (MD) lung cancer TB is now held weekly at TSRCC and is attended by physicians from all 3 sites. Weekly MI/MD clinics also operate at TSRCC and TEGH. An average of about 10 patients/wk are discussed at TB, approximately 55% from TSRCC, 25% TEGH and 20% TSH. TB documentation and actual patient management were assessed in 50 patients. 18 (36%) had the TB outcome formally documented in the patient chart. Compliance with the TB recommendation was 100% in 17 evaluable patients. In the 11 months before and after the TB began 14 and 32 patients respectively were enrolled on the site group's highest recruiting trial, a 230% increase.

Discussion and Conclusion: A non-hierarchical model with 2-way flow of expertise and integration between the RCC and Community has been developed to consolidate lung cancer services. This is an uncommon organizational paradigm in Canada. The MI-MD TB meets a clinical need, plays a part in increasing clinical trial recruitment and the high rate of compliance with treatment recommendations suggests functionality. Steps to improve TB documentation have been implemented. Ongoing, specific projects to develop the service include a prospective database to capture details of patient management and the decision-making process and the reorganization of patient care pathways for those presenting with locally advanced but potentially curative lung cancer. Continuous improvement and collaboration across institutional boundaries are needed to deliver accessible, multidisciplinary evidence-based lung cancer treatment to as many patients as possible.

P1-278 **Supportive Care/QOL Posters, Mon, Sept 3**

The correlation between depression, sleep and nutritional status in ambulatory patients with lung cancer: a preliminary study

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Background: The numbers of lung cancer patients in Japan in 2015 are estimated to reach 100,000 men and 35,000 women, reaching 2.6 times the levels of 1993, and are increasing at a remarkable rate each year, with the incidence among the elderly being particularly high. There have been sporadic reports of research on depression as an indicator of the mental health of ambulatory patients with lung cancer. In addition, although alleviation of the fatigue, loss of appetite, nausea and vomiting characteristically observed in cancer patients is important, there has been hardly any research conducted on the correlation between depression, sleep and nutritional status in ambulatory patients with lung cancer.

Objective: The object of this study was to examine the correlation between depression, sleep and nutritional status in ambulatory patients with lung cancer.

Methods: The subjects of this study consisted of 14 patients with lung cancer being treated on an outpatient basis at general hospital A in the Tohoku region of Japan who were able to communicate verbally, were free of cognitive problems, and from whom consent was in this study (12 men, 2 women). The survey was conducted using self-administrated questionnaires. Although the patients were basically asked to fill out the questionnaires while they were waiting to be examined, some of the patients filled out the questionnaires at home for personal reasons and then returned by mail. The survey parameters used the McCorkle Symptom Distress Scale to determine distress symptoms, CES-D according to the NIMH for depression, the Pittsburgh Sleep Quality Index (PSQI) to evaluate sleeping status, and hematology data (albumin, total protein, RBC count and hemoglobin) to assessment nutritional status. After calculating descriptive statistics using these variables, partial correlation coefficients were calculated using age for the control variable.

Results: The age of the subjects ranged from 56 to 84 years and the average age was 70.2±8.6 years overall. The average of the symptom distress scale was 20.4±4.3. The average for depression was 15.0±8.3, and when the cutoff point at which depression is suspected based on previous studies conducted in Japan is taken to be a score of 17 or higher, this means that there were 5 subjects (35.7%) suspected of suffering from depression. The average for sleep was 4.4±4.6, and there were 4 subjects (28.6%) that surpassed the cutoff point of 5.5 or more judged to be indicative of sleep disorders. The results for hematology data yielded an average albumin value of 3.8±0.4 g/dl, and there were 10 subjects at or below an albumin level of 4.0 g/dl (71.4%). The average values for total protein, RBC count and hemoglobin were 6.7±0.5 g/dl, 3.6±0.7 x 106/μl and 11.6±2.2 g/dl, respectively. Calculation of partial correlation coefficients between the variables of depression, sleep and nutritional status using age for the control variable revealed a significant correlation between depression and sleep (r= .717, p= .006). Namely, sleep disorders were observed when depression was high. In addition, there was also a correlation between albumin and sleep disorders (r= .498, p= .083), thus indicating that the greater the sleep disorder the poorer the nutritional status of the subject.

Conclusion: Depression was observed in roughly 40% of ambulatory patients with lung cancer, sleep disorders were observed the greater the degree of depression, and poor nutritional status was also indicated. In addition suggesting the importance of preventing and providing support for depression among lung cancer patients, these findings suggested the need to provide support for ensuring that patients sleep soundly in order to lead stable daily lives, as well as provide assistance to enable them to maintain proper nutritional status.

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The impact of bisphosphonates therapy in survival of lung cancer patients with bone metastasis

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Bone metastases occur in 20% to 40% of patients with lung cancer. Not sufficient data exists for the role of bisphosphonates in overall survival and time to progression of these patients On the other hand, recent studies demonstrate a direct anti-proliferative effect of third-generation BPs on lung tumors which may influence the survival.

In this retrospective study, we examined the clinical impact of BPs, with a focus on the survival, time to progression and pain effect in lung cancer patients with bone metastases.